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About us



Practice Links is a free publication of the Social Work Development Unit, University College Cork, Ireland

PL

The aim of PL is help practitioners to keep up-to-date with new publications, conferences and continuing professional development opportunities.



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Issue 61, February 2015

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# practice LINKS





# Continuing professional development

## February

Dept. of Art Therapy &  
Continuing Visual Education,  
CIT Crawford College of Art & Design,  
Sullivan's Quay, Cork.  
10.00 am - 5.00 pm

[www.artincontext.eu](http://www.artincontext.eu)  
[louise.foott@cit.ie](mailto:louise.foott@cit.ie)



## 2015 event series

# Continuing Professional Development

### Journeying home to the self

Friday 13th February

An exploration of how movement and art-making can be used to journey to the self within group work.

Through this one-day experiential workshop participants will be provided with the opportunity to playfully explore how dance and art-making can be facilitated within a group context. The day aims to be a place where professionals can develop new approaches and skills to bring to their group practice. It also aims to offer a space to reflect on their current practice and through this creative journey return home to the self.

**Facilitators:** Tina Horan, Louise Foott

Tina Horan is a dance teacher and choreographer with a BA in Psychology. She has performed and choreographed in USA, UK and Ireland, and has taught dance to children, young people and adults for over 20 years. She has a keen interest in exploring how different art forms can work together and is always playing with possibilities and sharing the outcome with others.

Louise Foott is an artist and educator with BAs in Fine Art and Design and an MA in Group Facilitation. She has provided training in arts based group facilitation skills for nearly 20 years, both within CIT CCAD and to external organisations. She has a keen interest in creative processes within learning and particularly loves opportunities where fun and learning can be combined.

### Soundbites

Friday 27th February

Introducing Music and Sound Technology in Group Work.

An introductory workshop on the benefits of using music, sound, and technology in group work. With a focus on an interdisciplinary and holistic approach, this workshop provides hands on experience in utilising music and music technology as a tool for assisting focused listening, effecting social interaction, improving group concentration, and enabling reflection.

**Facilitators:** Derek Foott, Áine Mangaoang

Derek Foott (PhD & MA in Composition; BA Music Technology) is a multimedia artist and a composer, specialising in creative music technology. He teaches music technology and audiovisual composition at the School of Music, University College Cork. Derek is co-founder of the Cork Audio-Visual Ensemble (CAVE), an interdisciplinary group which build gestural and interactive musical instruments for live performances.

Áine Mangaoang (PhD in Music, University of Liverpool) is a musicologist and educator who has worked in Iceland, the Philippines and the UK. She recently returned to Ireland to lecture in musicology at University College Cork, and teaches violin with the Irish Chamber Orchestra's community engagement programme "Sing Out With Strings."

**Fee:** € 90 for each day (includes materials, tea and coffee)

**Time:** 10.00 am - 5.00 pm

**Venue:** Dept. of Art Therapy & Continuing Visual Education, CIT Crawford College of Art & Design, Sullivan's Quay (former Government Buildings), Cork.

**CPD CERTIFICATES WILL BE ISSUED**



# Continuing professional development



## Developing a Social Care Value Based Activity Programme for Older People

**Part-Time Course for Nurses, Carers and Volunteers  
Working with Older People  
In Day and Residential Care Settings**



Five Fridays from 27<sup>th</sup> February to 27<sup>th</sup> March 2015  
leading to award of DIT Certificate in Continuing Professional Development  
(level 7)

Course fee: €565

*Further information from:*

The Secretary  
DIT, Grangegorman, Dublin 7.  
4024164

[Phil.Keogh@dit.ie](mailto:Phil.Keogh@dit.ie) or [Carmel.Gallagher@dit.ie](mailto:Carmel.Gallagher@dit.ie)



## 10<sup>th</sup> Annual Social Work Action Network Conference

The Politics of Hope: Fighting for the Future of Social Work



University of the West of Scotland, Paisley Campus, 10-11 April 2015

SWAN is a network of social work practitioners, social care practitioners, academics, students and social welfare service users united in their concern that social work and social care activity is being undermined by managerialism and marketisation, by the stigmatisation of service users and by welfare cuts and restrictions. We believe that good social work is a worthwhile activity that can help people address the problems and difficulties in their lives.

In the context of savage cuts in public sector funding, ever increasing social work managerialism and stigmatisation of service users, this conference will provide an important opportunity to debate ways of developing networks of resistance necessary to defend social justice-based social work and oppose the politics of austerity.

### Speakers will include:

#### Keynote speaker:



**Gerry Mooney** is Senior Lecturer in Social Policy and Criminology, The Open University. Among other publications, he is co-editor and author of *Crime, Justice and Society in Scotland* (Routledge, 2015 forthcoming) and co-editor and author of *Poverty in Scotland 2014: The Independence Referendum and Beyond* (CPAG, 2014).

#### Other speakers include:



**Amal Azzudin** is a community development worker and campaigner for human rights and social justice. Amal has just graduated with a masters degree in human rights and international politics from the University of Glasgow. Amal was one of the Glasgow Girls, a group of seven school girls from Drumchapel High School in Glasgow who organised and stood up against dawn raids, detention and deportation of asylum seekers in Glasgow. The Glasgow Girls story has since been turned into a BBC documentary, a stage musical and a television musical drama.



**Thomas Timlin** is a Development Officer at Who Cares (Scotland). Thomas is himself a care leaver and a recent social work graduate from University of the West of Scotland.

**Speaker from Orange Tide:** Orange Tide is an organisation of Spanish social workers.

"The Orange Tide is the best current example of social work-led action. It is limiting a government inadvertently eroding the future of its people, and giving hope, an outlet and voice to people who are in desperation. The Orange Tide also provides support to social workers to continue to work as volunteers after they have had their hours cut or been laid off. It is an inspiration to social workers worldwide." **Rory Truell, General Secretary, International Federation of Social Workers.**

# Continuing professional development

## Plenary sessions will include presentations on the following themes:

- Racism, antiracism and social work practice
- Radical practice today: voices from the frontline
- Global perspectives: radical social work in the world today

## Call for papers

We particularly encourage workshops, presentations and papers on the following more specific themes and topics:

- The disability movement
- Defeating sexism and gender oppression
- Debating Government reviews on social work education and adult care
- Challenging the “troubled families” agenda
- Defeating the policies of austerity
- Anti-racist social work practice
- Challenging managerialism
- Working with asylum seekers and refugees
- In defence of youth and community work
- User-led groups and community campaigns
- Building alliances – challenging the strategy of divide and rule
- Radical social work education and practice
- Other subject areas relevant to the main conference themes

Please send an outline of your proposal (up 200 words) with your name(s) and contact details to **SWAN2015workshops@outlook.com** by Friday 27th February 2015.

## Conference fees & registration:

Conference price is inclusive of the conference dinner and social evening on Friday 10th April at Waxy O’Connors, Glasgow (as well as tea, coffee and lunch on Saturday 11th April).

£20 Students | £45 Waged | £75 Academics, trade union representatives

Free for unwaged and asylum seekers

Click on the following link to register online: <https://eventbrite.com/event/2004729199/>

## Accommodation and travel:

There is limited accommodation in Paisley so we recommend you book accommodation in Glasgow as there is a fast and frequent train service from Glasgow Central Station to Paisley Gilmour Street.

For accommodation visit: [www.bedandbreakfasts.co.uk/G1-3SL/](http://www.bedandbreakfasts.co.uk/G1-3SL/)

## Further information:

If you have any questions about the content and themes of the conference please contact us at **swan.correspond@gmail.com**

# Continuing professional development

## DELIVERING HEALTHY IRELAND: IMPACT OF HSCP RESEARCH & PRACTICE

HSE Health and Social Care Professions Research Conference 'DELIVERING HEALTHY IRELAND: IMPACT OF HSCP RESEARCH & PRACTICE' to be held on Thursday 16th April '15 Trinity College Dublin School of Nursing & Midwifery D'Olier St. Dublin. The conference is free but booking is essential. You do not need to work for the HSE to attend.

For more information and to register your place, complete the following steps....

If you are not already registered on HSELand the route to registration is [www.hseland.ie](http://www.hseland.ie) and register – then proceed as follows:

1. Login using your login details
2. Go to practice development hubs
3. Select Health & Social Care Professions Hub
4. Go to bottom of page and hit Launch Hub
5. On the Home page the link on the top RHS of the page brings you directly to registration

If you are already registered on [www.hseland.ie](http://www.hseland.ie) proceed as follows:

1. Login using your login details
2. Go to practice development hubs
3. Select Health & Social Care Professions Hub
4. Go to bottom of page and hit Launch Hub
5. On the Home page the link on the top RHS of the page brings you directly to registration

## Intersectionality: grassroots theory in pictures

Eilish Rooney, Senior Lecturer, School of Sociology & Applied Social Studies, Transitional Justice Institute, Ulster University, 1.30pm, Thursday 26<sup>th</sup> March, CACSSS Research Seminar Room, O'Rahilly Building, University College Cork, Cork

The presentation will outline the origins and fast travels of intersectionality as 'cutting edge' feminist theory of the 21<sup>st</sup> Century. The intersectional framework has been taken up in Arab Spring feminist debate. It poses questions about gender/race/class in deeply divided situations: what does gender or race or class do in conflict? How do they intersect? Some visual answers are offered. The application of the theory in practice led to the Bridge of Hope – Transitional Justice Institute partnership on a Grassroots Transitional Justice programme. This programme is based upon human rights and equality principles.



# Continuing professional development

## 9TH BASPCAN CONGRESS

'New Directions in Child Protection and Wellbeing: making a real difference to children's lives'  
12-15 April 2015, University of Edinburgh, Scotland

EARLY BIRD BOOKINGS OPEN UNTIL 12 DECEMBER 2014 AT THIS LINK <http://www.baspcan.org.uk/congress2015-booking.php>

Please Note- all presenters must book before this date.

Visit the website for updates on key note speakers at  
<http://www.baspcan.org.uk/congress2015-keynotes.php>

The full programme is available NOW at this link  
<http://www.baspcan.org.uk/congress2015-programme.php>



## Onsite Training in the Parents Plus Programmes – Potential Grants

Are you a community agency who is interested in collaborating with others to deliver the Parents Plus programmes within your community? If so The Wheel's [Training Links Grants Programme, 2014 - 2016](#) is a potential source of support. Have a look at their criteria and application details and contact us if you need help in putting in an application. Note the closing date is in two weeks (15th December).

## Facilitator Training Dates in Dublin

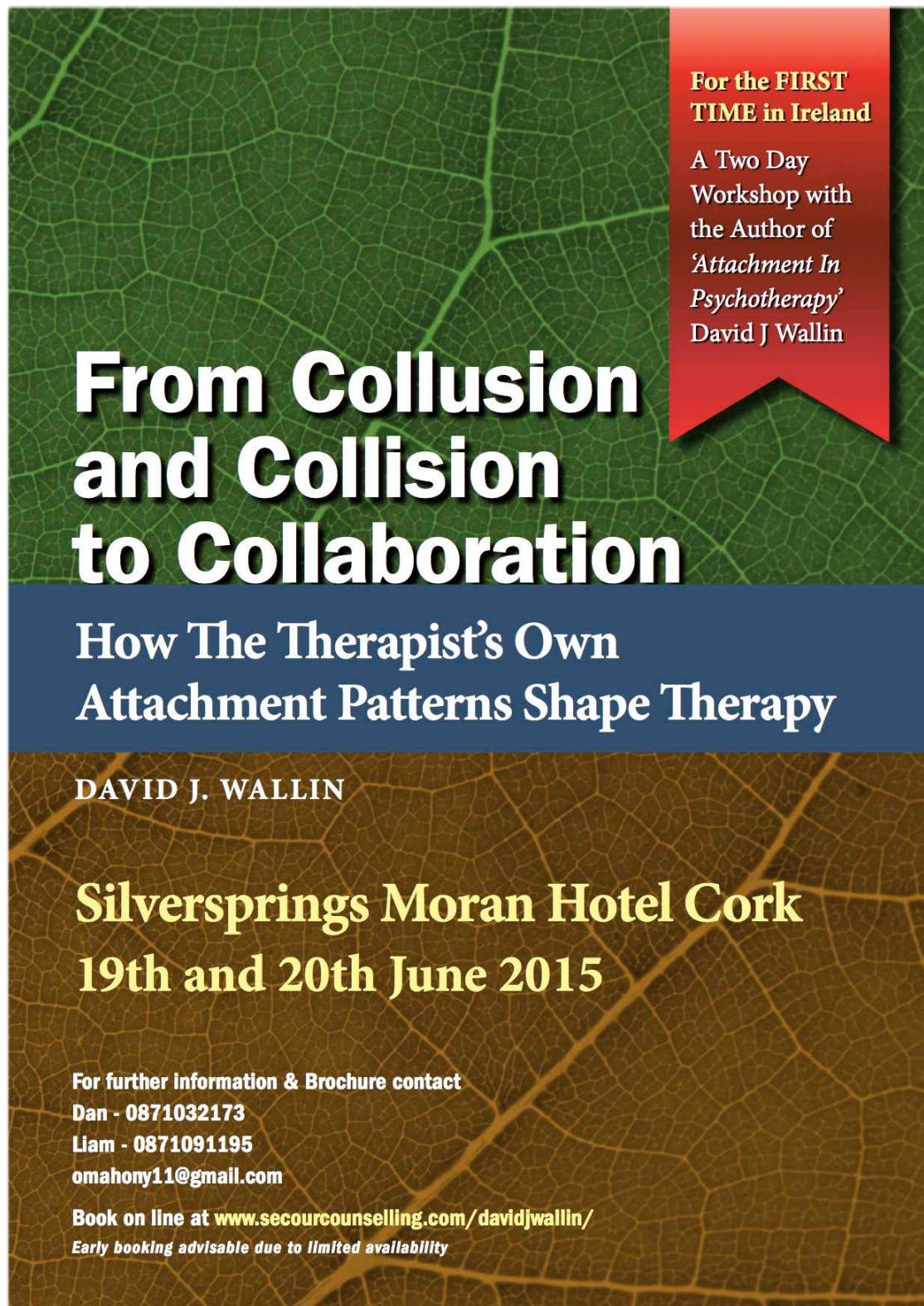
Parents Plus Early Years Programme Monday-Wednesday 23<sup>rd</sup>- 25<sup>th</sup> March 2015  
Parents Plus Children's Programme Monday and Tuesday 13<sup>th</sup> and 14<sup>th</sup> April 2015  
Parenting when Separated Programme Monday 11<sup>th</sup> May 2015

For full training details and booking form - [www.parentsplus.ie/training](http://www.parentsplus.ie/training)

## New Book - Parenting when Separated

A new self-help book by John Sharry has been published to support parents and families. Containing 25 new question and answers based in his Irish Times Columns about the challenges of parenting when separated, the book can act as a companion book to those delivering (or attending) the Parents Plus - Parenting When Separated Programme. [More details](#)





**For the FIRST  
TIME in Ireland**

A Two Day  
Workshop with  
the Author of  
*'Attachment In  
Psychotherapy'*  
David J Wallin

## **From Collusion and Collision to Collaboration**

**How The Therapist's Own  
Attachment Patterns Shape Therapy**

**DAVID J. WALLIN**

**Silversprings Moran Hotel Cork  
19th and 20th June 2015**

**For further information & Brochure contact**  
**Dan - 0871032173**  
**Liam - 0871091195**  
**omahony11@gmail.com**

**Book on line at [www.secourcounselling.com/davidjwallin/](http://www.secourcounselling.com/davidjwallin/)**  
**Early booking advisable due to limited availability**

# Continuing professional development

## 2015 Social Policy Association Annual Conference

Belfast Metropolitan College, Titanic Quarter, Belfast  
6th-8th July 2015



Conference Theme: 'Social Policy in the Spotlight: Change, Continuity and Challenge'.

Confirmed plenary speakers:

Mary O'Hara, author of 'Austerity Bites' (Policy Press, 2014), is an award-winning journalist based in Los Angeles, writing about health, poverty and social justice in the US and the UK.

Jane Jenson is a Professor of Political Science at the University of Montreal, where she holds the Canada Research Chair in Citizenship and Governance. This plenary is sponsored by the Journal of Social Policy.

Colin Crouch is Professor Emeritus, University of Warwick and External Scientific Member, Max-Planck-Institut für Gesellschaftsforschung, Cologne.

David Donnison is Professor Emeritus in Urban Studies at the University of Glasgow, having worked at the Universities of Manchester, Toronto, the L.S.E., and Glasgow. He has published extensively in the areas of social Policy and Urban Studies including, most recently, 'Speaking to Power' (Policy Press, 2009).

We particularly welcome paper proposals that reflect on the conference theme, however interpreted, and aim to encourage debate around the following issues:

- Social Policy in the Media Spotlight
- Devolution, Governance and Citizenship
- Social Policy post the referendum on Scottish Independence
- The Political Landscape and Social Policy post the UK General Election
- Change, Challenge and Continuity in Health and Social Care
- Inequality and Social Justice – National, Local and Global Perspectives
- The Third Sector and Social Policy: Roles, Responsibility and Challenges
- Family Policy and Politics
- Welfare Reform
- Austerity and Social Policy
- Race, Ethnicity & Migration

NEW STREAM – Social Policy, the Subject: Change, Continuity and Challenge in Defining, Representing, Learning & Teaching Social Policy in the UK.

We now welcome proposals for individual papers; and especially for symposia (3+ themed papers); and for post-graduate symposia; and also for social policy papers focusing on issues outside the conference theme.

Abstracts for individual papers and ideas for symposia should be submitted electronically via our web page [www.ulster.ac.uk/cpsp/spa/](http://www.ulster.ac.uk/cpsp/spa/). The deadline for proposals is 27 February, 2015.

Please do not submit proposals by email. Proposals for papers: abstracts should be 200-400 words. Proposals for symposia: a 200-word outline of the aims and content of the symposium (including contributors' names and email addresses). All abstracts and symposium proposals will be reviewed by the Programme Committee up to the deadline of 27 Feb 2015. Delegates will be sent a link, via email, to upload their papers. Full papers must be submitted electronically by 11 May 2015. A number of reduced-fee places will be available for post graduate delegates. Details are available on the conference website.

Further information and online conference booking available on the Conference website [www.ulster.ac.uk/cpsp/spa/](http://www.ulster.ac.uk/cpsp/spa/)

# Continuing professional development

## 9th Latin American Regional Conference on Child Abuse and Neglect

From 26-29 April, ISPCAN will be in Toluca, Mexico co-hosting the [9th Latin American Regional Conference on Child Abuse and Neglect](#) with the Universidad Autonoma del Estado de Mexico (UAEM).

## 10th ISPCAN Asian Pacific Regional Conference on Child Abuse and Neglect

Kuala Lumpur, Malaysia is the site for the [10th ISPCAN Asian Pacific Regional Conference on Child Abuse and Neglect](#) where ISPCAN will partner with the Malaysian Council for Child Welfare. From 25-28 October we will look at “Investing in Children: Every Child Counts.”



**14th ISPCAN European Regional Conference on Child Abuse and Neglect**

**Bucharest, Romania  
September 27-30, 2015**

*Children First! Collaborative and Inter-Sectorial Responses to Child Abuse, Neglect and Exploitation*





# Continuing professional development

## Conference:

### *Fostering well-being - together we can make a difference*

Irish Foster Care Association's National Conference in 2015. The conference will take place in Letterkenny, County Donegal, from 23-25 October. I am attaching an invitation to submit workshop proposals for the attention of you and your colleagues. The deadline for submissions is 10 April 2015.

You can submit proposals by using the online form

<https://docs.google.com/forms/d/1rHNjzEOYIF1DS8Kac61y5VIWPhz-hKrylopIqD4xb6E/viewform?c=0&w=1>.

If you have any questions, you can contact IFCA's Learning Development Worker, Maeve Healy, at [maeve.healy@ifca.ie](mailto:maeve.healy@ifca.ie), phone 01 4599474 or mobile 087 6555880. The online form is also posted on IFCA's website <http://www.ifca.ie/index.php/events/call-workshop-proposals-ifca-national-conference-2015/>

## Understanding Children, Loss and Bereavement

Wednesday, 25th February from 9.30 - 4

Education, Research and Training Centre, Our Lady's Hospice, Harold's Cross, Dublin 6W

The conference is a joint event hosted by the Irish Association of Social Workers and Social Care Ireland.

Keynote speakers are Nuala Harmeey and Jennifer Moran Stritch.

## Doctor of Social Science (DSocSc), University College Cork

### Applications open for September 2015

The Doctor of Social Science (DSocSc) run by the School of Applied Social Studies at UCC is a four year, advanced programme which provides the opportunity for experienced professionals based in public sector, community/voluntary, international non-government and private sector organisations to work on complex issues that are of direct relevance to their professional practice and organisational contexts. As an alternative to the traditional PhD, the DSocSc provides a more structured learning environment which combines taught modules and research. Participants complete taught modules in the first two years of the programme in the areas of social research methods, social theory, and social policy debates and processes, and complete a 60,000 word thesis in Years 3 and 4. Taught modules in Years 1 and 2 are structured around four, five-day workshops in UCC, making it ideal for those who may be living at a distance from UCC.

Applications are now open for our September 2015 intake, through the Postgraduate Admissions Centre ([www.pac.ie](http://www.pac.ie)). The closing date for applications is **13 April 2015**. More information about the programme can be found on the DSocSc website (<http://drofsocialscienceucc.com/>), which includes video clips of current participants explaining why they like the pedagogic approach taken in the DSocSc.

We welcome informal discussions from potential applicants: please contact the Joint Course Directors, Dr. Claire Edwards ([claire.edwards@ucc.ie](mailto:claire.edwards@ucc.ie)) or Professor Alastair Christie ([a.christie@ucc.ie](mailto:a.christie@ucc.ie)).

Doctor of Social Science  
(DSocSc)

# Continuing professional development

EC  
DV

European  
Conference on  
Domestic  
Violence

European  
Conference on  
Domestic  
Violence



6th - 9th September 2015

# Continuing professional development

## National Programme for Screening and Brief Interventions (SBI) for Problem Alcohol & Drug Use - One Day Course

### Aim

This course aims to prepare nurses, midwives, health and social care professionals to implement Screening and Brief Interventions (SBI) for problem substance misuse.

### Learning Outcomes

On completion of this course, participants should be able to:

- ☒ Critically discuss problem alcohol and drug use as it impacts on their current work or area of practice
- ☒ Demonstrate an enhanced knowledge and awareness of contemporary models of screening and brief intervention for problem alcohol and drug use
- ☒ Identify problem alcohol and drug users who present to health and social care settings
- ☒ Utilise the SAOR model of Screening & Brief Intervention (SBI) in practice based scenarios
- ☒ Discuss the application of the SAOR model of screening and brief intervention for problem alcohol and drug use into their practice

### Course Content

The key course content which emerges from the course learning outcomes is outlined below:

- ☒ Evidence for the effectiveness of SBI.
- ☒ Alcohol and drug related presentations to health and social care settings.
- ☒ Contemporary models of SBI for problem alcohol and drug use.
- ☒ Overview of the SAOR model of intervention for problem alcohol and drug use.
- ☒ Establishing a supportive working relationship with the service users.
- ☒ Asking about alcohol and drug use and screening for alcohol and drug related problems.
- ☒ Delivering a structured brief intervention based upon the SAOR model.
- ☒ Developing appropriate care pathways for service users and arranging appropriate follow up.
- ☒ Accessing useful links and reference materials for further reading and research.

### Target Groups

The primary target audience is nurses, midwives and allied health and social care professionals who are in a position to offer Screening and Brief Interventions to service users presenting with problem alcohol and drug use.

**Dates:** Wednesday 25<sup>th</sup> February 2015 **Time:** 9.30 a.m. – 5.00 p.m. **Venue:** Vienna Woods Hotel, Glanmire, Co. Cork.

**Dates:** Thursday 19<sup>th</sup> March 2015 **Time:** 9.30 a.m. – 5.00 p.m. **Venue:** Vienna Woods Hotel, Glanmire, Co. Cork.

**Dates:** Wednesday 15<sup>th</sup> April 2015 **Time:** 9.30 a.m. – 5.00 p.m. **Venue:** Castle Hotel, Macroom, Co. Cork.

**Dates:** Wednesday 6<sup>th</sup> May 2015 **Time:** 9.30 a.m. – 5.00 p.m. **Venue:** Mitchelstown Primary Care Centre, Mitchelstown, Co. Cork.

**Dates:** Tuesday 26<sup>th</sup> May 2015 **Time:** 9.30 a.m. – 5.00 p.m. **Venue:** Vienna Woods Hotel, Glanmire, Co. Cork.

**Dates:** Wednesday 17<sup>th</sup> June 2015 **Time:** 9.30 a.m. – 5.00 p.m. **Venue:** Vienna Woods Hotel, Glanmire, Co. Cork.

**How to Apply:** To download the application form please click [here](#)

Please return the completed application form to [marwin.jagoe@hsc.ie](mailto:marwin.jagoe@hsc.ie)



## VIEWPOINT: Why are child protection Social Workers leaving in droves?

*Kieran McGrath*

RTE's Morning Ireland recently revealed new figures indicating an annual attrition rate of 15% of social workers working for the Child & Family Agency (Tusla), the state's child protection agency. The explanation for this is not hard to find. People who enter Social Work as a profession are motivated by an innate sense of compassion. They want work that is made meaningful by being able to alleviate suffering. Children who have been abused or neglected form a particularly vulnerable group and usually come from the most marginalised families in our society.

However, being able to offer that compassionate help is an extremely complex and difficult task. It is well known that most of CFA clients are involuntary; they don't come looking for help. This means the 'helpers' are often seen as unwelcome intruders. The very presence of social workers in their lives makes parents feel judged and stigmatised, even if that is the opposite of the approach actually being taken.

In 1984, the first year statistics were gathered on child abuse and neglect (CAN), there were less than 500 suspected cases in Ireland. Only 88 involved sexual abuse. Thirty years on those figures have risen exponentially. In 2010 alone, for example, there were 2,110 suspected sexual abuse cases. That does not mean there is more child maltreatment nowadays, merely that it is now more acknowledged. Child neglect constitutes, by far, the greatest number of referrals, many of which do not even get taken up till they reach crisis point, when it's much harder to intervene effectively.

Child protection is nowadays a major news story receiving a lot more air-time, in the media and, therefore, in political circles. However, all this new attention, ironically, makes the job harder. It both raises expectations and further stigmatises those in need of help, who increasingly turn to lawyers to fend off the state. In the early 1980s around 15% of children-in-care were placed there by court order. That figure is now over 60%. Not only that but cases can now, literally, last years in court. They can be as many 10 lawyers involved in an individual case, between the CFA, both parents, the Guardian ad litem (GAL) and perhaps the child, each having their own legal team. Little surprise, therefore, that the CFA spends around €24 million a year on legal fees.

Likewise, it is no surprise to discover that many hours are spent by social workers preparing for court cases that are very frequently adjourned. In court, CFA staff are often harangued by the parents and/or the GAL's lawyers as either being oppressive, incompetent or both. The atmosphere is all-too-often very hostile though, in theory, everyone is supposed to act solely in the best interests of the children.

This, along with an increasingly bureaucratic approaches within the CFA itself, with many more decision-making layers, about even simple resource allocation, leaves social workers deciding to vote with their feet.

An interviewee on RTE's Morning Ireland said nearly all CFA social workers have an exit strategy. As someone who teaches on social work courses in Trinity College, I know that students tend to have an exit strategy even before they join the CFA; the biggest and frequently, only, employer of new social work graduates. A very experienced social work manager recently expressed her exasperation to me when she said that she know of staff who are leaving "to go to nothing; not a change of career, not emigrating, just leaving".

# Viewpoint (Cont/...)

So, what could turn this around? While resources are always a factor, this is not key, in my opinion. More important to embattled staff is good supervision and management support. Less bureaucracy and more honesty from the CFA, "telling it like it is" would help; rather than the "we've got it all under control" message that state agencies usually put out.

A drastic overhaul of legal structures is, in my view, essential. It was possible to do this for personal injury claims by setting up the Personal Injuries Board and there's no reason why the millions can't be redirected away from the traditional adversarial system. Is it really necessary to have many more lawyers than social workers involved in these cases? Apart from saving money this would save a great deal of time and reduce stress levels. Elsewhere I have argued for adopting a non-adversarial approach to child care proceedings based on the Dutch legal system .

The, still new, Child & Family Agency (Tusla) is handicapped by the fact that many HSE staff who were earmarked to join it, like public health nurses, psychologists and the Child & Adolescent Mental Health teams were allowed to opt out. This fragmented what was supposed to be a joined-up service. This has meant that these colleagues are still working in the same offices but for different agencies.

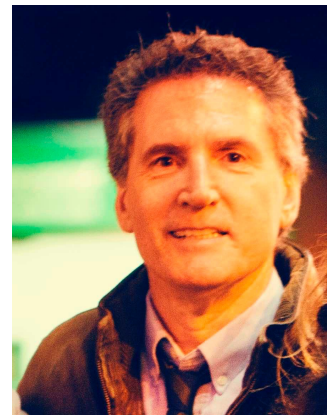
Without tackling some of these key issues child protection social workers are quite likely to continue to execute those exit strategies by seeking work elsewhere or simply abandoning the profession entirely. This is not in anyone's interest.

*Kieran McGrath is a child welfare consultant and a former editor of Irish Social Worker.*

McGrath, K. (2005) "Protecting Irish Children Better - The case for an Inquisitorial Approach in Child Care Proceedings". Judicial Studies Institute Journal. 5:1: 136-65.

Update: See [RTE.ie/news](http://www.rte.ie/news) for further updates from Fred McBride, Child and Family Agency, regarding a clarification of the turnover rate. The CFA claimed / clarified subsequent to the initial report, that the turnover rate was less than 5% for all social workers in the Agency in 2014, although this data is not available in a published report.

<http://www.rte.ie/radio1/drivetime/programmes/2015/0202/677394-drivetime-monday-2-february-2015/?clipid=1792876>



# CALL FOR RESEARCH PROJECTS

Are you a member of a community group,  
voluntary organisation, resident's association,  
NGO?

Do you need a small piece of research done,  
but don't have enough money or resources to

## What is this about?

Community-Academic Research Links (CARL) invites non-profit voluntary or community organisations to suggest potential research topics that are important to them and could be *collaboratively* worked on with students as part of their course work. CARL is an initiative in UCC and follows a 30-year European tradition with similar initiatives on-going in some of the highest ranked Universities in Europe. CARL has produced impressive and important pieces of research that have generated interest outside the university walls and the project reports have even had an impact at government policy level.

We are seeking expressions of interest from groups who have ideas for a research project and would like to collaborate on their research idea with a UCC student.

## How does it work?

As part of their academic course, students undertake a minor dissertation (between 10,000-30,000 words). In past years, students designed their own study and then contacted groups for permission to collect data. These projects serve to develop the research skills of the students; however, the research may not always answer the needs of community and voluntary groups.

In the CARL model, the students undertake their studies, learn about research methods, data collection, ethics, literature reviews as usual; however, the major difference is that the research projects undertaken are explicitly *studies of issues identified by the community*. These are studies/research which the community identifies as important and need to be undertaken, but they cannot pay for it and/or do not have the expertise themselves to undertake the study at this time.

## How long does this take?

The typical time-scale for projects would be a) proposals submitted by groups, b) review of proposals by the CARL advisory group (comprised of UCC staff, students and representatives from the community and voluntary sector) to see which proposals are sufficiently developed and feasible for a student to undertake, and c) students begin their research in May or October.

Projects must be small enough to be completed within the academic year, roughly 9-12 months. Large research projects which require longer than a year to complete may be broken up into one or more smaller one-year projects for multiple students.

## Where can I get more information and read sample reports?

Please visit our website to watch brief videos about CARL, to find out what it is like to participate <http://www.ucc.ie/en/scishop/>, or to read past research project reports <http://www.ucc.ie/en/scishop/rr/>

## Does it matter what the research topic is about?

Topics that are connected to any discipline at UCC are welcome (science, maths, engineering, social sciences, arts, humanities, business, law, etc.)

## What if we have already completed a research project with CARL?

Community groups that are currently involved, or previously completed a project, are welcome to apply again.

*We look forward to hearing from you!*



COMMUNITY - ACADEMIC  
RESEARCH LINKS

University College Cork, Ireland

## Before you make contact ...

1. Is your proposed project small enough to be undertaken as part of a student project?
2. Does your group come under the definition of a not-for-profit community and voluntary group?
3. Do you have a clear idea for a research project that, if undertaken, will have a wider benefit to society?
4. Read some completed research reports on our website.
5. Groups that have funding should consider commissioning research, rather than applying to CARL.
6. Contact Anna to discuss your idea further and to receive a copy of the application form.
7. The closing date for this round is the **15th October**, but we accept proposals all year round.

## CONTACT US



UCC

University College Cork, Ireland  
Coláiste na hOllscoile Corcaigh



# New publications and policy reports

## Special Policy Edition – Connecting Ireland and Europe

European research and policy that can impact and influence your daily practice

### **An Irish civil society vision for a better Europe –Engaging with Europe 2020 & the European Semester** by The Better Europe Alliance (December 2014)

The articles in the magazine focus on the overall European Semester process and its two elements, the Europe 2020 Strategy and the Growth and Stability Pact. They aim to explore the challenges and opportunities of these processes.

Link: <http://tinyurl.com/pdhrrm3>

### **Position Paper on the Financing of Social Services** by the Social Platform (December 2014)

The aim of this paper is to provide recommendations that identify the key elements for a policy framework that ensures sustainable financing for social services. Another aim is to help clarify the different roles the public, private and voluntary sectors have to play in this complex scenario.

Link: <http://tinyurl.com/qcsq8ld>

### **Making Rights Real A Guide for Local and Regional Authorities** by the European Union Committee of the Regions and the European Union Agency for Fundamental Rights (December 2014)

This booklet is the result of fruitful cooperation between the European Union Agency for Fundamental rights (FRA) and the Committee of the regions over recent years towards the practical implementation of fundamental rights at all levels of governance. It aims to provide local and regional officials with a framework for understanding more about fundamental rights and applying them when making decisions and completing their regular tasks and activities.

Link: <http://tinyurl.com/pn6auw8>

### **Being Trans in the European Union – Comparative Analysis of EU LGBT Survey Data** by the European Union Agency for Fundamental Rights (December 2014)

Trans persons, or those whose gender identity and/or gender expression differs from the sex assigned them at birth, face frequent discrimination, harassment and violence across the European Union (EU) today. This reality triggers fears that persuade many to hide or disguise their true selves. This report examines issues of equal treatment and discrimination on two grounds, namely sexual orientation and gender identity. It analyses data on the experiences of 6,579 trans respondents from the EU Lesbian, gay, bisexual and transgender (LGBT) survey, the largest body of empirical evidence of its kind to date.

Link: <http://tinyurl.com/nsj9u2n>

# New publications and policy reports

## **Position on an EU Internal Strategy to Promote Human Rights** by The Social Platform (December 2014)

Social Platform has adopted its position on an EU internal strategy to promote human rights.

Human rights are underlying values of the European Union, and accordingly the EU must be held accountable for their respect. We want the EU to go beyond respecting and protecting human rights, and take a proactive role to ensure the realisation of those rights.

Our three key messages are:

- In all areas of competence, enact legislation and policies that ensure effective realisation of human rights across the EU, including social rights.
- Identify and utilise EU competencies to maximum effect.
- Support member states in preventing human rights violations, monitor compliance and issue sanctions when necessary.

Link: <http://tinyurl.com/q4j4kch>

## **Research Seminar on Housing** by Housing Europe (December 2014)

Access to affordable housing is a fundamental right, but since the onset of the financial and economic crisis, the housing situation of households has worsened in many EU Member States. The proportion of Europeans who say they are very or quite likely to have to leave their accommodation within the next six months has risen and in many Member States those overburdened with housing costs has increased along with homelessness. This has raised concerns at EU level and the Social Investment Package introduced in the recent past encourages Member States to introduce effective policies to prevent evictions.

The seminar covered various aspects of the interrelationship between housing, the economy and social inclusion. The link below gives access to all the seminar presentations and papers.

Link: <http://tinyurl.com/q8p2dk8>

## **Anti-Semitism and Islamophobia in Europe: Recent trends** by the European Network Against Racism (January 2015)

Two ENAR briefings highlight recent developments targeting Jews and Muslims across Europe and call for action at EU level.

Link: <http://tinyurl.com/p28ppuj>

## **Victims of crime in the EU: the extent and nature of support for victims** by the European Union Agency for Fundamental Rights (January 2015)

The rights of victims of crime to access justice and to be protected against repeat victimisation may remain illusory in practice if the victim fails to receive professional advice and support. This research by the European Union Agency for Fundamental Rights (FRA) examines support service provision for such victims across the 28 EU Member States, in line with the 2012 EU Victims' Directive. It focuses not on abstract fundamental rights standards but on the final practical results.

Link: [http://fra.europa.eu/sites/default/files/fra-2015-victims-crime-eu-support\\_en\\_0.pdf](http://fra.europa.eu/sites/default/files/fra-2015-victims-crime-eu-support_en_0.pdf) @PracticeLinks

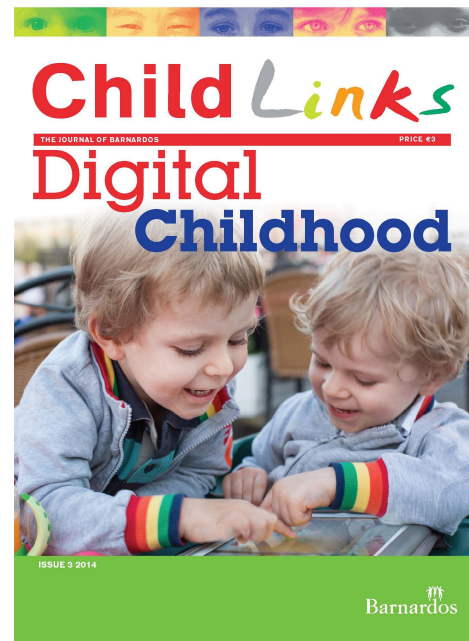
# New publications and policy reports

## ChildLinks (Issue 3, 2014) Digital Childhood

**Price: €3.00**

One of the defining features of contemporary childhood in many societies is that children grow up in a world where digital technologies are prominent and taken for granted. There is no doubt that interactive digital technologies have become much more widespread and accessible to children from an early age, influencing children's play, interaction and even identities. A major question is whether these new influences really shape new childhood, or they represent only new ways of satisfying children's unchanging psychological and social needs.

This issue of ChildLinks contains articles from Brock University, Canada; The LITtLE (Linking Innovative Technology to Learning in the Early Years) research project, IT Sligo; Early Childhood Ireland; University of Gothenburg, Sweden; St. Nicholas Montessori College and Barnardos



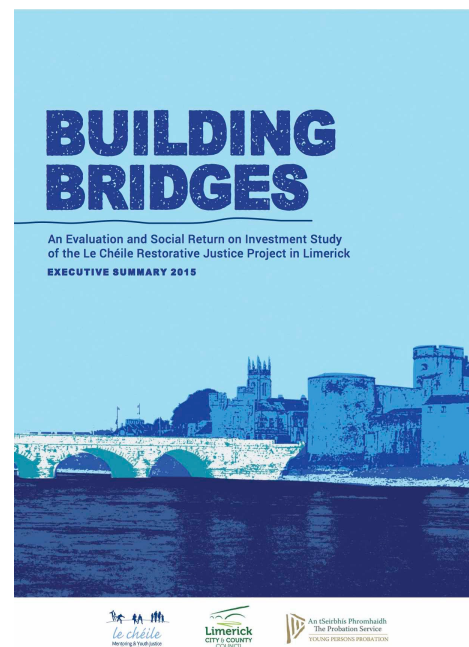
## “Building Bridges” - Lecheile Restorative Justice Study (Limerick, 2015)

A study of Ireland's first and only non-statutory youth restorative justice service has shown that it returns nearly €3 for every €1 invested. Le Chéile's Restorative Justice Project in Limerick provides a range of restorative justice services to young people who have been involved in crime and are engaged with the Probation Service.

The study found significant benefits not only for young people but also for the families and the victims of crime. Young people displayed a significant increase in their levels of empathy towards victims after engaging with the project, as well as reporting better family relationships and less contact with the Gardaí and court system. Parents reported positive outcomes for family life and improved relationships.

Victims of crime found that restorative justice (RJ) was a far better experience than the traditional criminal justice system. They stated that in participating with the RJ Project they had a meaningful voice and found it to be a more respectful and inclusive approach than the traditional court process.

<http://www.lecheile.ie/le-cheiles-restorative-justice-project-returns-nearly-e3-for-every-e1-invested/>





# Practice signposts: data sources to support practice



## Campbell Collaboration

The Campbell Collaboration (C2) helps people make well-informed decisions by preparing, maintaining and disseminating systematic reviews in education, crime and justice, and social welfare. Access to the database in the Republic of Ireland is free as the government of Ireland has purchased a license. <http://www.campbellcollaboration.org/>

## Cochrane Collaboration

The Cochrane Collaboration, established in 1993, is an international network of more than 28,000 dedicated people from over 100 countries. We work together to help health care providers, policy makers, patients, their advocates and carers, make well-informed decisions about health care, based on the best available research evidence, by preparing, updating and promoting the accessibility of [Cochrane Reviews](#). Our work is internationally recognised as the benchmark for high quality information about the [effectiveness](#) of health care. <http://www.cochrane.org/>

Practice signposts are permanent pages that will appear in every edition of *Practice Links*. The aim of these pages is to provide signposts to high quality, research-informed databases. Some of the databases at a quick glance may seem too medical/health orientated, but also contain great resources to support social work and social care practice also.

## National Institute for Health and Clinical Excellence (NICE) - NHS UK

The National Institute for Health and Clinical Excellence (NICE) provides guidance, sets quality standards and manages a national database to improve people's health and prevent and treat ill health. <http://www.nice.org.uk/> . Videocasts: <http://www.nice.org.uk/newsroom/videocasts/videocasts.jsp>. Podcasts: <http://www.nice.org.uk/newsroom/podcasts/index.jsp>

## Health Intelligence Unit (HSE)

Health Intelligence is part of the Quality and Clinical Care Directorate within the Health Service Executive and is responsible for capturing and utilising knowledge to support decision-making to improve the health of the population. Website has links to HSE research, databases, facts (census etc.), publications and using evidence effectively. <http://www.hse.ie/eng/about/Who/PopulationHealth/HealthIntelligence/>

## Evidence in Health and Social Care (NHS)

NHS Evidence is a service that enables access to authoritative clinical and non-clinical evidence and best practice through a web-based portal. It helps people from across the NHS, public health and social care sectors to make better decisions as a result. NHS Evidence is managed by the National Institute for Health and Clinical Excellence (NICE). <http://www.evidence.nhs.uk/>

## National Documentation Centre on Drug Use

The National Documentation Centre on Drug Use (NDC) is an information resource that supports researchers, policy makers, educators and practitioners working to develop the knowledge base around drug, alcohol and tobacco use in Ireland. The NDC is funded by the Department of Health, and based within the Health Research Board, which is the lead agency in Ireland supporting and funding health research.

<http://www.drugsandalcohol.ie/>

## Drugs.ie

Drugs.ie is an independent website managed by [The Ana Liffey Drug Project](#). Drugs.ie's mission is to help individuals, families and communities prevent and/or address problems arising from drug and alcohol use.

<http://www.drugs.ie/>

## Practice signposts: data sources to support practice



### Social Care Institute for Excellence (SCIE)

The Social Care Institute for Excellence (SCIE) improves the lives of people who use care services by sharing knowledge about what works. We are an independent charity working with adults, families and children's social care and social work services across the UK. We also work closely with related services such as health care and housing. We gather and analyse knowledge about what works and translate that knowledge into practical resources, learning materials and services. Our work helps to improve the knowledge and skills of those working in care services. This includes managers, frontline staff, commissioners and trainers. People and their families who use these services also use our resources. All of our work is developed in collaboration with experts - including people who use care services and their carers. <http://www.scie.org.uk/>

### Decision Map.ie

DecisionMap.ie, the new online decision-support tool developed by Ordnance Survey Ireland and Twelve Horses. DecisionMap, currently in beta test release, combines digital mapping from Ordnance Survey Ireland, with visualisation and web delivery tools developed by Twelve Horses, and statistical data provided by the Central Statistics Office and others. It aims to provide decision makers in the public and private sectors instant access to easily-consumable, spatially-referenced data about Ireland. <http://decisionmap.ie/>

### Growing Up in Ireland

Growing Up in Ireland is a national study of children. It is the most significant of its kind ever to take place in this country and will help us to improve our understanding of all aspects of children and their development.

The study will take place over seven years and follow the progress of two groups of children; 8500 nine-year-olds and 11,000 nine-month-olds. During this time we will carry out two rounds of research with each group of children.

The main aim of the study is to paint a full picture of children in Ireland and how they are developing in the current social, economic and cultural environment. This information will be used to assist in policy formation and in the provision of services which will ensure all children will have the best possible start in life.

<http://www.growingup.ie/>

### Irish Qualitative Data Archive

The Irish Qualitative Data Archive (IQDA) is a central access point for qualitative social science data and provides online access to all new qualitative data generated within the [Irish Social Science Platform](#), and to selected existing data. <http://www.iqda.ie/content/welcome-iqda>

### North South Child Protection Hub

This hub available for use by child protection professionals (policy makers, practitioners, researchers and educators) in Northern Ireland and the Republic of Ireland.

The Hub brings together research, policy and practice guidance, inspection reports, serious case reviews, court judgements, news articles and other material relevant to child protection published in Northern Ireland and the Republic of Ireland together with material from Great Britain and other countries. Staff in the Health and Social Care Board and Trusts in Northern Ireland and in the Health Service Executive in the Republic of Ireland, will have access to the Hub but it will also be an important resource for all organisations concerned with child protection. <http://www.nscph.com/>

### RIAN - Irish Open Access Research Archive (free)

RIAN is the outcome of a sectoral higher education project supported by the Irish Government's 'Strategic Innovation Fund'. Project planning was carried out by the seven Irish university libraries, [DCU](#), [NUIG](#), [NUIM](#), [TCD](#), [UCC](#), [UCD](#), [UL](#) and was supported by the [Irish Universities Association \(IUA\)](#). The project aim is to harvest to one portal the contents of the Institutional Repositories of the seven university libraries, in order to make Irish research material more freely accessible, and to increase the research profiles of individual researchers and their institutions. It is intended to extend the harvest to other Irish research institutions as RIAN develops.

<http://rian.ie/en>

@PracticeLinks

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### Background

Over 35 million people are estimated to be living with dementia in the world and the societal costs are very high. Case management is a widely used and strongly promoted complex intervention for organising and co-ordinating care at the level of the individual, with the aim of providing long-term care for people with dementia in the community as an **alternative to early admission to a care home or hospital**.

### Objectives

To evaluate the effectiveness of case management approaches to home support for people with dementia, from the perspective of the different people involved (patients, carers, and staff) compared with other forms of treatment, including 'treatment as usual', standard community treatment and other non-case management interventions.

### Search methods

We searched the following databases up to 31 December 2013: ALOIS, the Specialised Register of the Cochrane Dementia and Cognitive Improvement Group, The Cochrane Library, MEDLINE, EMBASE, PsycINFO, CINAHL, LILACS, Web of Science (including Science Citation Index Expanded (SCI-EXPANDED) and Social Science Citation Index), Campbell Collaboration/SORO database and the Specialised Register of the Cochrane Effective Practice and Organisation of Care Group. We updated this search in March 2014 but results have not yet been incorporated.

### Selection criteria

We include randomised controlled trials (RCTs) of case management interventions for people with dementia living in the community and their carers. We screened interventions to ensure that they focused on planning and co-ordination of care.

### Data collection and analysis

We used standard methodological procedures as required by The Cochrane Collaboration. Two review authors independently extracted data and made 'Risk of bias' assessments using Cochrane criteria. For continuous outcomes, we used the mean difference (MD) or standardised mean difference (SMD) between groups along with its confidence interval (95% CI). We applied a fixed- or random-effects model as appropriate. For binary or dichotomous data, we generated the corresponding odds ratio (OR) with 95% CI. We assessed heterogeneity by the  $I^2$  statistic.

### Main results

We include 13 RCTs involving 9615 participants with dementia in the review. Case management interventions in studies varied. We found low to moderate overall risk of bias; 69% of studies were at high risk for performance bias. The case management group were significantly less likely to be institutionalised (admissions to residential or nursing homes) at six months (OR 0.82, 95% CI 0.69 to 0.98,  $n = 5741$ , 6 RCTs,  $I^2 = 0\%$ ,  $P = 0.02$ ) and at 18 months (OR 0.25, 95% CI 0.10 to 0.61,  $n = 363$ , 4 RCTs,  $I^2 = 0\%$ ,  $P = 0.003$ ). However, the effects at 10 - 12 months (OR 0.95, 95% CI 0.83 to 1.08,  $n = 5990$ , 9 RCTs,  $I^2 = 48\%$ ,  $P = 0.39$ ) and 24 months (OR 1.03, 95% CI 0.52 to 2.03,  $n = 201$ , 2 RCTs,  $I^2 = 0\%$ ,  $P = 0.94$ ) were uncertain. There was evidence from one trial of a reduction in the number of days per month in a residential home or hospital unit in the case management group at six months (MD -5.80, 95% CI -7.93 to -3.67,  $n = 88$ , 1 RCT,  $P < 0.0001$ ) and at 12 months (MD -7.70, 95% CI -9.38 to -6.02,  $n = 88$ , 1 RCT,  $P < 0.0001$ ).

One trial reported the length of time until participants were institutionalised at 12 months and the effects were uncertain (hazard ratio (HR): 0.66, 95% CI 0.38 to 1.14,  $P = 0.14$ ). There was no difference in the number of people admitted to hospital at six (4 RCTs, 439 participants), 12 (5 RCTs, 585 participants) and 18 months (5 RCTs, 613 participants). For mortality at 4 - 6, 12, 18 - 24 and 36 months, and for participants' or carers' quality of life at 4, 6, 12 and 18 months, there were no significant effects. There was some evidence of benefits in carer burden at six months (SMD -0.07, 95% CI -0.12 to -0.01,  $n = 4601$ , 4 RCTs,  $I^2 = 26\%$ ,  $P = 0.03$ ) but the effects at 12 or 18 months were uncertain. Additionally, some evidence indicated case management was more effective at reducing behaviour disturbance at 18 months (SMD -0.35, 95% CI -0.63 to -0.07,  $n = 206$ , 2 RCTs,  $I^2 = 0\%$ ,  $P = 0.01$ ) but effects were uncertain at four (2 RCTs), six (4 RCTs) or 12 months (5 RCTs). The case management group showed a small significant improvement in carer depression at 18 months (SMD -0.08, 95% CI -0.16 to -0.01,  $n = 2888$ , 3 RCTs,  $I^2 = 0\%$ ,  $P = 0.03$ ). Data on a number of outcomes consistently indicated that the intervention group received significantly more community services.



## Case management approaches to home support for people with dementia (cont/...)

By Siobhan Reilly, Claudia Miranda-Castillo, Reem Malouf, Juanita Hoe, Sandeep Toot, David Challis, Martin Orrell (January 2015)



There was some evidence that case management reduced the total cost of services at 12 months (SMD -0.07, 95% CI -0.12 to -0.02,  $n = 5276$ , 2 RCTs,  $P = 0.01$ ) and incurred lower dollar expenditure for the total three years (MD= -705.00, 95% CI -1170.31 to -239.69,  $n = 5170$ , 1 RCT,  $P = 0.003$ ). Conversely, the case management group showed greater improvement in carer well-being in a single study at six months (MD -2.20 CI CI -4.14 to -0.26,  $n = 65$ , 1 RCT,  $P = 0.03$ ) but the effects were uncertain at 12 or 18 months.

### Authors' conclusions

There is some evidence that case management is beneficial at improving some outcomes at certain time points, both in the person with dementia and in their carer. However, there was considerable heterogeneity between the interventions, outcomes measured and time points across the 13 included RCTs. There was some evidence from good-quality studies to suggest that admissions to care homes and overall healthcare costs are reduced in the medium term; however, the results at longer points of follow-up were uncertain. There was not enough evidence to clearly assess whether case management could delay institutionalisation in care homes. There were uncertain results in patient depression, functional abilities and cognition. Further work should be undertaken to investigate what components of case management are associated with improvement in outcomes. Increased consistency in measures of outcome would support future meta-analysis.

### Plain language summary - Case management approaches to home support for people with dementia

**Background:** Many people are affected by dementia and the numbers are expected to rise as populations age. Most types of dementia are characterised by loss of memory and impairment in other cognitive functions, accompanied by functional impairment and difficulties in performing activities of daily living. The increasing number of people with dementia means more demand for both informal and formal sources of care. The extent of support provided depends on factors such as living situation, patient's and carer's characteristics, service provision, and availability of social networks. There are also wider financial costs of care, for example carers missing work for appointments or crises, becoming part-time workers, or leaving work altogether. Developing interventions such as case management, which enhances the co-ordination between different agencies involved in community care, might offer the support necessary to cover some of the needs of people with dementia and their carers. How case management is organised and implemented varies widely, and access to this type of care is influenced by long-term care funding policies and cultural variations in different countries. Case management has been tested in people with dementia and in carers in a number of countries and healthcare systems, but it is not clear whether current evidence supports its effectiveness.

**Study characteristics:** We found 13 randomised controlled trials (RCTs), including 9615 participants with dementia worldwide. Eleven RCTs also included carers. Studies were conducted in different countries, varied in size and healthcare systems and compared various types of case management interventions with usual care or augmented usual care.

**Key findings:** Some studies examined the benefit of case management in reducing admissions to residential or nursing homes (institutionalisation). We found benefits at six months and 18 months but not at 12 and 24 months. However, when only studies which were clearly focused upon delaying institutionalisation or prolonging the period of community care were included we found a reduction in institutionalisation at 12 months. Some studies examined the benefits of case management in terms of reduced hospital length of stay, and there was evidence to suggest that it might increase at six months. Some studies indicated that case management was more effective at reducing behaviour disturbance at 18 months, reducing carer burden and depression and improving carer well-being at six months and social support at 12 months. Case management increases the use of community services but there was some indication that overall healthcare costs may be reduced in the first year. Some studies reported that case management was no more effective than usual care in improving patient depression, functional abilities or cognition. There was not enough evidence to clearly assess whether case management could reduce the length of time until people with dementia were admitted to care homes.

**Quality of the evidence:** There were some problems regarding the methods of the studies. Similarly, the different ways in which the case management interventions were provided and the differences in outcome measurements made it difficult to draw clear conclusions.

Link to review: <http://tinyurl.com/nkqlv85>

## Interventions to Improve the Economic Self-sufficiency and Well-being of Resettled Refugees: A Systematic Review

by Eleanor Ott, Paul Montgomery (January 2015)



The Campbell Collaboration Library of Systematic Reviews  
The Campbell Library

### OBJECTIVES

This systematic review sought to identify and evaluate all available high-quality evidence as to whether interventions affect the economic self-sufficiency and well-being of resettled refugees.

### METHODS

We searched 18 electronic databases, examined relevant websites, and contacted researchers in an attempt to identify any relevant published or unpublished reports. No language restrictions were applied, and the search was completed in Sept 2013. Inclusion criteria were: (a) prospective, controlled methodology; (b) participants who were resettled refugees aged 18-64 at the time of the intervention; (c) intervention designed to increase the economic self-sufficiency and well-being of resettled refugees; and, (d) included at least one of the following outcomes: labour force participation rate; employment rate; use of cash assistance; income; job retention; or quality of life.

### RESULTS

A total of 9,260 records were inspected, and 26 records summarising 23 unique studies were screened. No studies met the review's inclusion criteria.

### CONCLUSIONS

The available evidence was insufficient to determine if programmes affect the economic self-sufficiency and well-being of resettled refugees as no studies met the review's inclusion criteria. More research with rigorous designs, such as prospective, controlled studies, is needed to determine which interventions affect the economic self-sufficiency and well-being of resettled refugees.

Link: <http://tinyurl.com/mprf9fl>

Menashe, A., Possick, C., & Buchbinder, E. (2014). Between the maternal and the professional: The impact of being a child welfare officer on motherhood. *Child & Family Social Work, 19*, 391-400.

### What is this article about?

- ♣ This article reports the findings of a qualitative research study exploring how child welfare workers perceive and cope with the influence of their professional occupation on their relationships with their own children.
- ♣ In-depth interviews were carried out with:
  - 10 women social workers actively employed as child welfare workers
  - Aged between 34-47
  - With 2-4 children aged between 2-23 years.

### What are the critical findings?

- ♣ An interrelationship develops between the professional identity and the maternal identity of the child welfare worker.
- ♣ This relationship fluctuates between two positions:
  1. “Anxious Motherhood”: Anxiety stemming from the child welfare worker’s exposure to child abuse is dominant.
    - Participant child welfare workers view the world through the prism of anxiety and view it as dangerous for her own children.
    - This spurs them as mothers to try to lessen and control this anxiety and provide protection for their children.
  2. “Reflective Motherhood”: Encounters with abusive and neglectful parents force child welfare workers to struggle with their own stresses and conflicts as mothers and to search for an experience of meaningful motherhood
    - This leads to self-awareness and constant assessment of their own mothering emerging from a desire to strengthen their positive qualities as mothers and prevent the expression of negative maternal qualities.

### What are the implications for practice?

- ♣ There is a need to raise awareness among child welfare workers of the impact that encounters with extreme distress and trauma can have on their well-being in general, and on their experience of parenting in particular.
- ♣ This may serve to prevent secondary traumatisation and enhance professional and maternal growth.
- ♣ There are potential benefits to child welfare workers’ examining the meaning of their work through the prism of similarity and difference vis-a-vis abusive parents: A willingness to view encounters with parents as a two-way street may be a learning experience for both.
- ♣ Self-awareness of universal parental experiences can be particularly helpful in deepening the meaningful dialectic between parental vulnerability and the ideal of the “good parent”.
- ♣ Enhanced self-awareness can contribute to the quality of the child welfare worker’s parenting and enhance her capacity to empathise with abusive parents.

### Methodological Considerations

- ♣ The sample used in this study was small and homogenous, recruited using snowball sampling.
- ♣ The authors note that participants were highly motivated to participate in the study, less motivated workers may present a different picture.



Stenberg, U., Ekstedt, M., Olsson, M., & Ruland, C.M. (2014). Living close to a person with cancer: A review of the international literature and implications for social work practice. *Journal of Gerontological Social Work*, 57(6-7), 531-555.

### What is this article about?

- ♣ This article presents the findings of a systematic review examining the experiences of family caregivers living close to a person with cancer and the implications for social work practice.

### What are the critical findings?

- ♣ 108 research-based articles described various problems and burdens related to the responsibilities of being caregiver for a cancer patient. These included:
  - Emotional responses: e.g. psychological distress, fear, and uncertainty about the future
  - Social consequences: e.g. life changes occurring from the moment of diagnosis, feelings of loneliness
  - Role change: e.g. everyday life of family caregivers changed, limited opportunities for self-care, restricted space, and lack of time
  - Need for information: e.g. family caregivers lacked information about how to manage the patient's symptoms, side effects, and problems at home, social welfare, disease prevention and psychosocial adaptations
  - Transitions over time: e.g. certain key time points in the illness tended to be particularly problematic: at diagnosis, at home after initial treatment, at recurrence, and during the terminal stage
  - Positive experiences: e.g. finding meaning through care-giving, the discovery of personal strength
  - Depression sleep disturbance/fatigue over time: e.g. family caregivers experience various physical and emotional symptoms as a consequence of their role.

### What are the implications for practice?

- ♣ Society and the health care system need to recognise family caregivers as a valuable resource and acknowledge the crucial role they play in the patient's recovery and illness management.
- ♣ Family caregivers are in need of information and support to manage the caregiver role and their everyday lives.
- ♣ Family caregivers may need support during all phases of the illness trajectory, even after completion of the patient's treatment, and at home after the patient's discharge from the hospital.
- ♣ By providing holistic care, social and health care professionals can aid the family caregiver's adjustment to the social, emotional, and physical consequences of illness.
- ♣ Information is interpreted differently: Health care professionals must always be aware of this in their conversations with the family caregivers
- ♣ Given that the Internet has become an important source of information, social and health care professionals are encouraged to review and develop Internet sites regularly to ensure that the information presented there is accurate and up-to-date.
- ♣ There is a need for personalised interventions to assist family caregivers of patients with cancer.
- ♣ Family-based interventions (e.g. social support and communication training) can reduce domestic role strain and may prevent distress in family caregivers.
- ♣ Interventions are particularly needed for vulnerable caregivers to help reduce burden and depression associated with caregiving.
- ♣ Culturally appropriate caregiver interventions will lead to better caregiver outcomes and allow them to provide optimal care to the cancer patient.

Are you wondering how to begin a conversation around using evidence in your practice with your team/supervisor/clients? Why not try one of the following ideas:

- 1) Read a relevant research article and discuss it with your Supervisor.
- 2) Recommend that your team read a relevant research article and discuss it at your next team meeting.
- 3) Provide a relevant research article to the families you are working with. Use it to start a discussion around issues clients are facing at your next meeting.
- 4) Think critically about the research article(s) you have read and the research it contains. Some questions to consider include:
  - ♣ What additional questions do you have after reading it?
  - ♣ What more do you want to know?
  - ♣ What methodology was used in this study?
  - ♣ What are the limitations and strengths of this type of methodology?
  - ♣ What are the key characteristics of the population involved in the study?
  - ♣ Are there similarities and/or differences between this population and the children and families I am working with?
  - ♣ How might this impact the relevance and applicability of this research to my practice?
  - ♣ Where was this research carried out? E.g. in a rural/urban setting? In Ireland? Europe?
  - ♣ Are issues of culture and ethnicity considered in this research?
  - ♣ What do the results indicate?
  - ♣ What do these statistics really mean?
  - ♣ Can I apply these findings to my practice? What do I need to consider before doing so?
- 5) Consider the findings of relevant research in the context of client preferences and values, case circumstances and your organisational context, and practitioner knowledge and experience.

**Remember: Using evidence in your practice will look different in every organisational context, for every practitioner, and with each client you work with.**

# Podcasts and videos

*Click on blue link to watch videos*

## [Transcending addiction and redefining recovery: Jacki Hillios](#)

Why are some able to transcend their addiction while others are not? What do people really need to escape the shame of their addiction and achieve sustained recovery? Jacki's talk focuses on answering these questions and demonstrates how resilience of the human spirit intersects with social contextual factors to set the stage for those struggling with addiction to choose a pathway to health.

## [Climbing out of addiction and depression: Margo Talbot](#)

Current research suggests that addiction and depression are symptoms of emotional distress, not causes of it, forging the link between childhood trauma and mental illness. Margo Talbot's journey supports these studies. Diagnosed Bi Polar at age twenty-two, Margo spent the next fifteen years in suicidal depression before discovering the healing power of presence as the antidote to emotional trauma. Being present to our thoughts and emotions, not running the other way or masking them. Where best to practice the art of presence than the frozen world of ice climbing

## [Drinking and how it changed my life: Ann Dowsett-Johnston](#)

Ann Dowsett-Johnston talks about her experiences with alcohol.



## About Practice Links

*Practice Links* is a free e-publication for practitioners working in Irish social services, voluntary and non-governmental sectors. *Practice Links* was created to help practitioners in these areas to keep up-to-date with new publications, conferences and continuing professional development opportunities. *Practice Links* is published every other month in Adobe Acrobat (.pdf file). Distribution is by email, Twitter and on the *Practice Links* website <http://www.ucc.ie/en/appsoc/aboutus/activities/pl/>.

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